

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT

Expiration Date

01/31/2012

Home Health Agency Renewal Application
IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

2. PREFERRED MAILING ADDRESS (If different from facility address) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THIS DEPARTMENT

LICENSE NUMBER: _____

TELEPHONE NUMBER WITH AREA CODE: _____

FAX NUMBER WITH AREA CODE: _____

ADMINISTRATOR: _____

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF UNDUPLICATED PATIENT ADMISSIONS IN THE PAST YEAR: _____ FEE AMOUNT: _____

5. GEOGRAPHIC AREAS SERVED (list any changes by County and effective date of change) _____

6. ARE YOU REQUESTING DEEMED STATUS FOR THIS RENEWAL PERIOD? YES ☐ NO ☐

If yes, indicate the accrediting Agency: JCAHO ☐ CHAP ☐ ACHC ☐ Other: _____

7. CERTIFICATION: (if any) Medicare ☐ Medicaid ☐

8. CURRENT APPROVED SERVICES PROVIDED
(if any changes please put effective date of change)

____ Nursing _____ Dialysis
____ Home Health Aide _____ Respiratory Therapy
____ Occupational Therapy _____ Speech Therapy
____ Physical Therapy _____ Social Work Practice
____ Intravenous Therapy _____ Other: _____

BRANCH OFFICE(S) AT LOCATION DIFFERENT FROM PARENT AGENCY
(if any – include street address and city):

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: _____
(Legal Name of Individual or Business Organization)

ADDRESS: _____
(Street Address, City, State, Zip)

10. BUSINESS ORGANIZATION: (Check one)

____ Sole Proprietorship
____ Partnership
____ Limited Partnership
____ Corporation
____ Limited Liability Company
____ Governmental (_____ State, _____ District, _____ County, _____ City or Municipal)
____ Other (Please Specify) _____

Financial Category

☐ Profit
☐ Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application and on the attached documents are true and correct and I/we hereby apply for a license. **PLEASE NOTE:** Neb.Rev.Stat. Section 71-433 requires “Applications shall be signed by (1) the owner, if the applicant is an individual or partnership, (2) two of its members, if the applicant is a limited liability company, (3) two of its officers, if the applicant is a corporation, or (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.”

Sign Here _____
AUTHORIZED REPRESENTATIVE DATE

AUTHORIZED REPRESENTATIVE DATE

Sign Here _____
AUTHORIZED REPRESENTATIVE DATE

AUTHORIZED REPRESENTATIVE DATE